A CONTRACTOR OF THE PARTY OF TH

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

				-D CARE FACILITY			
	35		INSI	PECTION REPORT			
RE. Regular Follow-U	ASON Jp	GRADE	Inspection Date: to 19 2019 Time in/Out:	ESTABLISHMENT NAME: GRACE CARE CONTER FARM CH OWNER/OPERATOR:	re Hoso I	Thempowys	
Complai Investiga Other:		RATING	Sanitary Permit No.:	LOCATION: Establishment Type: MALTE CCC NURCEN			
		A	20000-180001245	PERMIT STATUS:ValidTe	emporary .	Expired	
No. of Ch	ildren: 20	Male 15	Female 35 Total	Child Care License: No.: 170160 V/Valid /	/ Provisiona	/ / Expired	
inspectio	following ite on or soone	r as the Dep	artment indicates. Non equest for hearing mus	y in the operations and facilities which must be n-compliance may result in downgrading or pe the submitted before the indicated correction	e corrected rmit suspen date.	by the next sion. To appeal	
ITEM*			REM	ARKS	DEMERIT	CORRECT BY	
	A REGI	MUAR INS	spection was con	boucted togay. Previous inspection			
			1	IN A 4/A.GRADE/RATING.			
	Some VI	<u>puations</u>	ON 175m # 17	AND 31 WERE CORRECTED. THE			
	Faravin	ag were	OBSERVED TOOK	H:			
17.	FOUND POUND YOUND VIOLATIC ON THE C CORP THE CE WALL STATE E	ON CORNE	UNG THE INFERENCE OF THE COUNTY ACCUMULATE WALLS AND N-SITE (COS): P THE CAND AFFECTED SHALL	LE IN TODOUGR ROOM; A GAP J INTEDOR PLANTROOM; A HOLE F LIVING ROOM AREA; A GAP LETUNG IN THE KITCHEN (RETRAT TION AND COSNEBS FOUND CETUNGS OF INDOOR PLANTROO PEPSON-IN-CHARGE CPK) COINE REA OVEING INSPECTION.). BE KEPT CUENN AND IN GOOD PHYSICAL ITAZARDS AND TO MAIN THE PACILITY.	M 10	11/18/2018	
31.		TO TO	HE PLOOR DRAIN	'S RESTROOM FOUND NOT PROPER (COS: PLC REPAIRED FLOOR DR Y'S RESTROOM FOUND LEAKING;	An	11/18/2018	
	GROWTH	,		LOWER MALL MEAK SINK IN		110/2018	
I hav				n(s) and I am aware of the corrective me	asures to h	ne taken	
*Note:	When an above, the 10 days	y of the fol y shall be of this insp	lowing items are corrected within pection:	Received By (Name & Title): Jennifer Umagat Director J DEH Inspector (Name & Title):	#	oc taken.	
(2), (4), (6	5), (14), (21)	, (23), (24), (27), (28), (39) & (40).	V. RAYMUNDO, EPHO I	7 300	0-9570	

Rev: 08/2/05 DEH-06

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

(20) (A	3		51,	CHIL	D CARE FACILITY			
W.			3221	INS	PECTION REPORT			
REASON GRADE Inspection Date:		ગઢ	ESTABLISHMENT NAME: GRACE CARE CONTEX EARLY CHURCHOOD DOUBLOPMENT			MOLOPINENT		
Follow-U Complain	nt	4	Time In/Out:		OWNER/OPERATOR: DE USON GUERRESO, TOOLTINA			
Investigat Other:		RATING	Sanitary Permit No.: 20050	MAITE		blishment Type:		
					The state of the s		mporary	Expired
	The state of the s		Female 35		Child Care License: No.: 10160			
inspection	onowing ite or sooner	as the Dep	artment indic	ates. Nor	ly in the operations and facilitients of the compliance may result in down the submitted before the indicate	ngrading or pe	rmit suspen	by the next ision. To appeal
ITEM*					ARKS			CORRECT BY
	INFAHT	AREA.		0155	mi III	THE RES		
	pre	APEAS	, FACILIT	183 , K	NO EQUIPMENT SHALL	BE KUPT		20
	CLEIN	AND I			OF PEPAIR TO PREVE	V1337		
la la	HAZARDO			- Sec. 15	SANITARY CONDITION			
				1,40	Silation Constitution	or the thic	1011 7 .	
	FALLURE	10 ce	mpy w	ITH AW	Y NOTICE ISSUED IN	ACURDANC	5	
	माध्य भाष	ie provi	SIONS OF	ANY A	PPHCABLE LAWS, RUVE	s, or		
					MMEDIATE SUSPENSION	•		
					DOWNGRADED , PER			
			s. 21107 C			-bir-ii		32 W 1 - E
						- 100 - 100 - 100 N		
	PHOTOS /	ימול פא	OS OF	/10LATIO	NS WERE TAKEN.			
	REMOVE	2 "A" P	VACARO 1	50.02	693			
	issued	ANO P	osted "	A" PLAC	LARD NO. OZIGI ON P	PONT GOOR.		
					JUNIFER UMAGAT,			
							,	
				III D				
	Maria Language							
I have	e read and	l understa	nd the above	e violatio	n(s) and I am aware of the	norroativo mo	Source to h	ha telsan
			lowing items		Received By (Name & Tit		asures to t	је (акел.
	bove, they	shall be	corrected wi		Jenniter Umanat Dire		4	
(2) (4) (6)		of this ins			DEH Inspector (Name & "	Title):		- 0
(-), (+), (0)	, (14), (41),	(24), (24), (27), (28), (39)	a (4U).	V. PAYMUNDO, EPHO	TIC	77 30	0-9570

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